**PEGASUS ATHLETIC CLUB**

**ONTARIO SOCCER ASSOCIATION**

**Participants Agreement (To Be Used for Players Under the Age of 18)**

## Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (If under 18) \_\_\_\_\_

**ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS**

I participate in the game of soccer because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to this activity. The risks and hazards include, but are not limited to:

 Injuries from executing strenuous and demanding physical techniques in soccer;

 Injuries from dryland training including weights, running, and massage;

 Injuries from grass, turf and other surfaces including bacterial infections and rashes;

 Injuries resulting from falls to the ground due to uneven or irregular terrain or surfaces;

 Injuries from collisions with walls and soccer equipment;

 Iinjuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;

 Spinal cord injuries which may render me permanently paralyzed;

 Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;

 Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles;

 Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts;

 Injuries from exerting and stretching various muscle groups; and

 Travel to and from competitive events and associated non-competitive events which are an integral part of the organizations activities.

Furthermore, I am aware:

 That injuries sustained in soccer can be severe;

 That I may experience anxiety while challenging myself during the activities;

 That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;

 That my risk of injury is reduced if I follow all rules established for participation; and

 That my risk of injury increases as I become fatigued.

**I AGREE TO BE RESPONSIBLE FOR MYSELF**

I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand organizers to mean: The Ontario Soccer Association, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives.

**I ACKNOWLEDGE MAKING THIS AGREEMENT**

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

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Printed Name of Participant (If over the age of 13) Signature of Participant (If over the age of 13

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Printed Name of Parent or Guardian Signature of Parent or Guardian

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Date